



# Exhibit *B* Separator

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

HAYDN ZEIS, Administrator of the  
Estate of Jordn Lukas Miller, Deceased,

Plaintiff,

v.

SPRINGFIELD TOWNSHIP, OHIO, et  
al.,

Defendants.

)  
)  
)  
)  
)  
)

CASE NO: 5:16cv2331

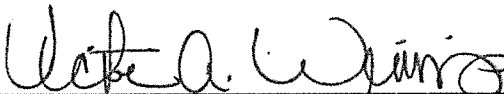
JUDGE JOHN R. ADAMS

AFFIDAVIT OF FIRE CHIEF  
VICTOR A. WINCİK

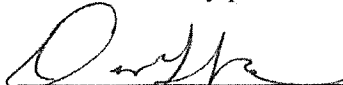
Now comes the affiant, Fire Chief Victor A. Wincik, first being duly sworn according to law and states as follows:

1. I am the Fire Chief of Springfield Township, Summit County, Ohio.
2. The attached document is a true and accurate copy of the EMS run report from the Springfield Township Fire Department dated September 10, 2015.

AFFIANT FURTHER SAYETH NAUGHT.

  
\_\_\_\_\_  
Fire Chief Victor A. Wincik

SWORN to before me and subscribed in my presence this 17<sup>th</sup> day of July, 2017

  
\_\_\_\_\_  
Notary Public



Denise G. Bolen  
Resident Summit County  
Notary Public, State of Ohio  
My Commission Expires: 06/30/2019

Exhibit

B

Received: 1525		Incident Address: 1019 ABING TON		Run #: 1816		Supp Attached: <input type="checkbox"/>						
Notified: 1525		Incident City/Twp/Village: Zip: 44312		Patient #: 151429		Patients: <input type="checkbox"/>						
En Route: 1527		Called For (1): TASED PT Location Type (2): RES		Date: 9/18/15		Units: 3121 3126						
On Scene: 1531		County: 77 Law Enforcement Present: STPD 43		OBS: CALS1 CALS2 CALS3 TIME:								
At Patient: 1530		Type of Service requested: 2911 <input type="checkbox"/> Mutual Aid: Given Received Dept:		Mileage Start: (0.6)		Mileage End:						
To Hospital: 1541		Delay: <input type="checkbox"/> None <input type="checkbox"/> Dispatch <input type="checkbox"/> Response <input type="checkbox"/> Scene <input type="checkbox"/> Transport <input type="checkbox"/> Return to Service		<input type="checkbox"/> Mass Casualty <input type="checkbox"/> Limited Victim Incident								
Arrive: 1552		Describe (3):		EMD: Y N Unk. Pre-arrival Instructions Y N								
Returning: 1637		Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Employed in City? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WC: Y N										
In Service: 1633												
PI Name: JOHN DOE				PI Address:								
Age: 34 DOB: 4/19/81 Sex: M Race: W B O:		PI Phone: UNK		City: UNK		State: OH Zip: UNK						
Nearest Relative/Guardian: UNK		Phone: UNK		SSN#: UNK		Family Physician: UNK						
Chief Complaint: UNRESPONSIVE				Safety Equipment: <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Air-Bag Deployed Y N <input type="checkbox"/> Car Seat <input type="checkbox"/> Helmet <input type="checkbox"/> Unknown <input type="checkbox"/> Other/Describe:								
Prior Aid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. By:				Outcome:								
History of Present: <input type="checkbox"/> Illness <input type="checkbox"/> Injury/MOI (5):				Position Found: OFFERED ON GROUND								
PT TASED BY STPD, PRESENTING IN VIOLENT / AGITATED COMA. OFFICER SCHERER TASED PT TO SUBDUCE PT AFTER NUMEROUS ATTEMPTS TO DO OTHER WISE. ONCE TASED, PT PLACED IN CUFFS, 2 PULSE / RESPIRATIONS. WFA OF EMS PT NOTICED BY STPD TO BE APENIC / PULSELESS. IMMEDIATE CPR, CUFFS REMOVED, ACLS IN PROGRESS THROUGHOUT TRANSPORT.												
PMHX: <input type="checkbox"/> Asthma <input type="checkbox"/> CA <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> CVA/TIA <input type="checkbox"/> DJD <input type="checkbox"/> IDDM <input type="checkbox"/> NIDDM <input type="checkbox"/> HTN <input type="checkbox"/> MI <input type="checkbox"/> Psych <input type="checkbox"/> SZ				Allergies: <input type="checkbox"/> NKA								
Medications: UNK				UNK								
<input type="checkbox"/> See List <input type="checkbox"/> Made with Patient												
Time	POS	B/P	Pulse	Respirations	RA	S-O2	O2	Temp	Glucometer	EICO2	Eye+Verbal+Motor = GCS	By
1530	0.4	1-1	0 RI	0	-	-	-	HOT	-	-	1 1 1	315 / CR
1535	0.4	1-1	0 RI	0	-	-	-	HOT	-	54	1 1 1	315 / CR
1540	0.4	1-1	0 RI	0	-	-	-	HOT	-	52	1 1 1	315 / CR
1545	0.4	1-1	0 RI	0	-	-	-	HOT	-	48	1 1 1	315 / CR
LOC				(4) S/S TRAUMA				Pupils <input type="checkbox"/> Equal <input type="checkbox"/> Unequal				
<input type="checkbox"/> Aleric				<input checked="" type="checkbox"/> Patent <input type="checkbox"/> Obstructed				<input type="checkbox"/> Description				
<input type="checkbox"/> Apprehensive				<input type="checkbox"/> Breathing				<input type="checkbox"/> Cataracts				
<input type="checkbox"/> Oriented				<input type="checkbox"/> Present <input type="checkbox"/> Absent				<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Agitated				<input type="checkbox"/> Quality				<input checked="" type="checkbox"/> Unresponsive				
<input type="checkbox"/> Disoriented				<input type="checkbox"/> Normal <input type="checkbox"/> Deep				<input type="checkbox"/> Dilated				
<input type="checkbox"/> Responds To				<input type="checkbox"/> Shallow				<input type="checkbox"/> Constricted				
<input type="checkbox"/> Verbal Stimuli				Lungs:				<input type="checkbox"/> Other				
<input type="checkbox"/> Appropriate				<input checked="" type="checkbox"/> X				Alcohol/Drug Use Indicators:				
<input type="checkbox"/> Inappropriate				<input checked="" type="checkbox"/> X				<input type="checkbox"/> None				
<input type="checkbox"/> Painful Stimuli				<input checked="" type="checkbox"/> X				Drugs: Y N Unk				
<input type="checkbox"/> Appropriate				<input checked="" type="checkbox"/> X				Paraphernalia on Scene: Y N				
<input type="checkbox"/> Inappropriate				<input checked="" type="checkbox"/> X				Alcohol Use: Y N Unk				
<input checked="" type="checkbox"/> Unresponsive				<input checked="" type="checkbox"/> X				Odor on Breath: Y N				
Temp	Skin	Color						Px By: 315				
<input type="checkbox"/> Warm	<input type="checkbox"/> Dry	<input type="checkbox"/> Normal										
<input type="checkbox"/> Cool	<input checked="" type="checkbox"/> Moist	<input type="checkbox"/> Pale										
<input checked="" type="checkbox"/> Hot	<input checked="" type="checkbox"/> Moist	<input type="checkbox"/> Cyanotic										
		<input type="checkbox"/> Jaundiced										
		<input type="checkbox"/> Flushed										
		<input type="checkbox"/> Mottled										
Cap Refill <input type="checkbox"/> <2 sec. <input checked="" type="checkbox"/> Delayed 5 sec				IMPRESSION: UNRESPONSIVE								
Medications / Procedures				DNR State <input type="checkbox"/> DNR Other:				DPA <input type="checkbox"/> Living Will <input type="checkbox"/> None				
Oxygen	IV Time	Size	Site	Rate	Successful	By	EKG <input type="checkbox"/> EKG attached <input type="checkbox"/> EKG Sent-Time:					
LPM: 15	Time: 1532	1532	10/2/10	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Rhythm: ASYSTOLE					
<input type="checkbox"/> Cannula <input type="checkbox"/> Mask	By: 315	1530	10/2/10	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	12-Lead: 1530					
<input type="checkbox"/> Nasal <input type="checkbox"/> Oral <input type="checkbox"/> Suction <input type="checkbox"/> VPM					<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Time 1530					
Time	Medication / Procedure	Dose/Size	Route/Attempts	Successful	Reaction / Complications / Result / Rate / Rhythm (67)	By						
1530	NARCAN	2mg	IV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(-) AS	320						
1538	2PT 1:1014	1mg	IVP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(-) AS	311						
1541	2PT 1:1014	1mg	IVP									

Incident# 15-0001816 Pt# 0001  
FDID# 77123

## Springfield Township Fire Department

Alarm Date 09/08/2015

Incident No 15-0001816	Onset Date / /	Onset Time	Location Type
Crash No	Trauma ID	911 Used 1 911 USED	1135 Home/Residence
Scene Address	Station 10	Shift B	Response Code to Scene
1019 ABINGTON RD /Springfield Township, OH 44312			1 Emergency
			Highest Experience Level at Scene
Township SPR	District 3110	County 77	Census
Mutual Aid None	Occupancy		Lights & Siren to Scene?
			39 Lights and Sirens
Patient # 000001 Name MILLER, JORDN L			Times
Address 909 MILO WHITE			Response Analysis
	Rm	Phone	Dispatch Notified 15:25:00
City AKRON	St OH	Zip 44312	Unit Notified 15:25:00
Race White	Gender	DOB 04/09/1991	Unit Enroute 15:27:00
Age 24 yrs 4 mos			Arrived Scene 15:29:00
SSN 999-99-9999 Primary Physician			Arrived Pt/Vict 15:30:00
Dispatched For Psychiatric Problems			Enroute to Dest 15:41:00
Type of Service 30 911 Response (Scene)			Arrived Dest 15:52:00
Chief Complaint UNRESPONSIVE			Cleared 16:37:00
Provider Impression 169 OVERDOSE			Back in Service 16:37:00
Tx Authorization 01 Protocols (Standing Orders)			ALS Arrival
Injury Sustained? No			
Injury Intent			
Mechanism of Injury N00 Not Applicable			
Human Factors Affecting Care 2615 None			

Patient Prior Medical History	Factors Affecting EMS Care	Prior EMS Care Given	Safety Equip Worn by Patient
10000 None (CUR MEDICATIONS)	105 None	N002 Not Applicable	2187 None
	150 None		
	225 None		
	290 None		
	360 None		

## Injury/Illness Detail

Type	Area	Severity	Primary Symptom	Job Rel?
Basic Vitals				
Time	LOC	Airway	Resp Rhythm-Effort/Qty	Pulse Rhythm/Qty
15:35:00	Unre	Endotracheal	Absen-Absent	Not A-NA-No Pulse
15:40:00	Unre	Endotracheal	Absen-Absent	Pr
15:45:00	Unre	Endotracheal	Absen-Absent	Not A-NA-No Pulse
				Pr
				Not A-NA-No Pulse
				Pr

## Secondary Vitals

Time	Pulse	Resp	Temp	BP	SpO2	Skin Appearance	Eye/Mtr/Vrbl	GCS	RTS	Cardiac
15:35:00	0	0	N/A	0/0	0%	Dry	1 1 1	3	0	Asystole
15:40:00	0	0	N/A	0/0	0%	Dry	1 1 1	3	0	Asystole
15:45:00	0	0	N/A	0/0	0%	Dry	1 1 1	3	0	Asystole

\* Denotes Blood Pressure Reading by Palpation or Doppler

## Procedures Performed

Time	Procedure	Notes	Staff Id	Attempts
15:32:00	93.931 Airway - Bagged (via BVMask)			1
15:33:00	96.991 Airway-Intubation Confirm Co			1
15:34:00	96.040 Airway-Orotracheal Intubatio			1
15:35:00	89.391 Capnography (CO2 Measurement			1
15:36:00	89.510 Cardiac Monitor		315	1
15:37:00	89.392 Pulse Oximetry			1
15:38:00	38.992 Venous Access-Extremity		311	1

06/24/2016 08:16

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Inci# 15-0001816 Pt# 0001

Springfield Township Fire Department

Alarm Date 09/08/2015

FDID# 77123

15:46:00 99.600 CPR - Start Compressions and

1

15:47:00 101.500 Contact Medical Control

1

<u>Exposure Precautions Taken</u>		<u>Medications Administered</u>		
Staff Member	Precaution Type	Time	Medication	Staff Id Dosage
		15:36:00	53865 Naloxone	320 1 MG via Intr
		15:38:00	42800 0.9% Sodium Ch	311 1 KVO (TKO) v
		15:40:00	52040 Epinephrine	311 1 MG/CC via I
		15:42:00	52040 Epinephrine	315 1 MG/CC via I
		15:44:00	52040 Epinephrine	315 1 MG/CC via I
		15:47:00	52040 Epinephrine	315 1 MG/CC via I
		15:48:00	53865 Naloxone	320 1 MG via Intr
		15:50:00	52040 Epinephrine	315 1 MG/CC via I

Disposition

Transported to 1275 Akron City Hospital  
 Mode of Transport 1005 ALS, Level 1 Emergency  
 Agency Tiered With  
 Lights/Siren from Scene? Lights and Sirens

Dest Determined by 4990 Closest Facility (none below)  
 Diverted To  
 Patient Disposition TATE TREATED AND TRANSPORTED BY EMS  
 Pulse on Transfer 1 PULSE ON TRANSFER

Insurance

Type	Policy #	Group #	Insured Name
Not Known			

Patient Narrative

A VIOLENT PT WAS TASED BY STPD ONCE TASED PT WAS PLACED IN CUFF WITH PULSE AND RESPS, UPON ARRIVAL OF EMS PT BECAME PULSELESS AND APNIC CPR AND RESPS STARTED CUFFS REMOVED ACLS IN PROGRESS THROUGH OUT TRANS TO HOSPITAL

Officer/Member Making

Signature \_\_\_\_\_  
 Officer Name DEWOLF, SHAWN 09/08/2015

Signature \_\_\_\_\_  
 Member Name DEWOLF, SHAWN 09/08/2015

Signature \_\_\_\_\_  
 Attending Physician

Inci# 15-0001816 Pt# 0001

## Supplemental Report

Alarm Date 09/08/2015

FDID # 77123

Springfield Township Fire Department

Incident No	15-0001816	Onset Date	/ /	Report Date	09/08/2015	Station	10	Shift	B	Dispatch	15:25:00
Patient #	001	Name	MILLER, JORDN L	SSN	999-99-9999	Gender	650	DOB	04/09/1991		

## Cardiac Arrest

Cardiac Arrest Type Yes, After EMS

Bystander CPR Prior to EMS Arrival? No

If Pre-Arrival Arrest

Bystander Name

Initial Arrest Rythm 2325 Asystole

Address

Cardiac Arrest Witnessed? No

City

Traumatic Arrest? No

State Zip

Phone

Symptoms Exhibited Prior to Collapse? No

Times:

&lt; 4 mins 4-8 mins 8-12 mins &gt;12 mins Unk/NA

Arrest to CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest to Defib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest to Meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arrest Witnessed

CPR Initiated

CPR Discontinued

First Defib Shock

First Medication

#Shocks Delivered

Spontaneous Pulse Restored? No

Inci# 15-0001816 Pt# 1

## Responding Personnel Summary

Alarm Date 09/08/2015

FDID # 77123

Springfield Township Fire Department

Staff ID	Name Rank/Position	Unit	Activity	Hours
304	SIMICH, STEPHEN M Captain/DRIVER	3112	MX Medical At Scene	1.20
305	WHITE, BRIAN Lieutenant/JUMPSEAT	3126	MX Medical At Scene	1.20
311	SCHULTZ, STEPHEN M Firefighter Paramedic/DRIVER	3126	MX Medical At Scene	1.20
315	DEWOLF, SHAWN Firefighter Paramedic/LEAD MEDIC	3121	MX Medical At Scene	1.20
320	ATKINSON, KEVIN Firefighter Paramedic/JUMPSEAT	3121	MX Medical At Scene	1.20
329	KEENER, ROB Firefighter Paramedic/JUMPSEAT	3112	MX Medical At Scene	1.20
Total Number of Responding Personnel:		6	Total Hours:	7.20

\* Denotes Driver

Inci# 15-0001816 Pt# 1

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Responding Units Summary

FDID # 77123

Springfield Township Fire Department

Unit	Response Code	Alarm	Arrival	Response
3121 3121	1 Emergency	15:25:00	15:29:00	00:04:00
3126 CAPT ADMIN TRUCK		15:25:00	15:30:00	00:05:00
3112 3112		15:55:00	15:59:00	00:04:00

Total Number of Responding Units: 3